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Ser. No.: 10/660,997 Filing Date: September 12, 2003 Docket No. IBIS0063-100 (DIBIS-0002US.P2)
 Matter No.: 142369
 Title: Methods For Rapid Detection And Identification Of
 Bioagents In Epidemiological And Forensic
 Investigations Pages to Follow: 2

Sender's Name: Paul K. Legaard

Date: October 26, 2005

RECIPIENT(S)	COMPANY/FIRM	FAX
ART UNIT 1632		(571) 273-8300

MESSAGE: OFFICIAL FAX

PLEASE DELIVER TO ART UNIT 1632
ATTACHED IS:

1. Transmittal Form (1 page)
2. Request for Withdrawal as Attorney and Change of Correspondence Address (1 page)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission	Attorney Docket Number	IBIS0063-100 (DIBIS-0002US.P2)
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
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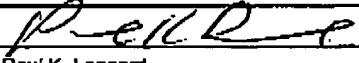
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Cozen O'Connor, P.C.		
Signature			
Printed Name	Paul K. Legaard		
Date	26 October 2005	Reg. No.	38,534

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Paul K. Legaard
Date	26 October 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/660,997
Filing Date	September 12, 2003
First Named Inventor	David J. Ecker
Art Unit	1632
Examiner Name	Not Yet Assigned
Attorney Docket Number	IBIS0063-100 (DIBIS-0002US.P2)

To: Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 all the attorneys/agents associated with Customer Number 34138

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Application is being transferred to other counsel

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Medlen & Carroll		
Address	440 Science Drive, Suite 203		
City	Madison	State	WI
Country	USA		
Telephone	 Email		
Signature			
Name	Paul K. Legaard		
Date	26 October 2005	Registration No.	38,534
		Telephone No.	215-665-6914

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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